# Editorial

# Professionalism today

For centuries, the medical profession has enjoyed the prestige and respect that perhaps, no other profession has had. However, developments in recent decades have put the credibility of the profession in question. The major problem has been the lack of professionalism.[1]

Though the call to uphold professionalism through formal teaching was made in the United States in early nineties, the reason for it and the means to achieve it remain a matter of debate.

Professionalism denotes a commitment to carry out professional responsibilities, adhere to ethical principles while remaining responsive to diverse beneficiaries.[2] It marks a shift in emphasis from the biomedical/technical to the human aspect of medicine. Its most commonly cited attributes include altruism (absence of self-interest), respect for others, human qualities (e.g. empathy), honesty, integrity, ethical and moral values, accountability (to the profession and society), excellence (commitment to life-long learning), communication and collaboration.

The need for professionalism arose as a number of factors propelled the medical profession into the market place.[3] The emergence of high technology and diagnostic gadgets, and greater access to information increased the public's demand for dramatic recovery and 'high quality service'. In most countries, the private sector has become a major player in health care delivery while governments face financial crisis. Furthermore, the nexus between the medical and the pharmaceutical professions have resulted in undercurrents of controversial practices, such as unjustified investigations, irrational prescribing habits, and uncalled for surgical interventions.

The proactive role played by the media has not served the image of the profession well. In the recent swine flu epidemic, for example, some statements given to the press were irresponsible. As a result, wrong signals were sent to the public by the media on the role of the medical profession. Only stringent quality checks, transparency through effective communication can erase the suspicion from the minds of the media or general public.

Professionalism is equally required in research. Research is often the sole criterion for the recruitment or promotion of faculty. Competition for research grants, publication output, and prestigious awards have tempted the academic community to flout ethical norms in conducting research, obtaining informed consent, or claim of authorship.

Teaching professionalism is perhaps the most complex issue. Many medical schools in the western world started formal courses/modules on ethics, and administered the Hippocratic oath during graduation ceremonies, with the expectation that the doctors would imbibe professional qualities and ethical behavior. However, formal teaching failed because medical students learnt professional values by modeling their behavior on that of their senior teachers through the "hidden curriculum."[4] A study has shown that fresh medical students usually begin their journey of medical education full of idealism, but, gradually shed these values and become cynical as they reach final years of training.[5] This has led to the belief that professional values are "caught" rather than "taught".

While the teaching of professionalism is difficult, its assessment is even more problematic. Perhaps, no single method of evaluation can capture the whole essence of professionalism. We need multiple methods of assessment, administered by multiple assessors over a period of time to achieve completeness.

Recently, some researchers have tried to assess professional behavior in medical students 'objectively' through a "conscientious index".[6] However, others have questioned whether the rule-based approach to the teaching of technical competence is suitable for teaching or assessing the human fact in medicine. A "narrative-based" approach has been proposed in which the learners are given opportunities to observe, interact and reflect upon the cases as they present in real life.

Several studies have shown that the main reasons for lack of professionalism include the following: conflict of self-interest and ideology, un-professional attitude on part of the seniors (negative role-model), absence of a clear consensus on what constitutes professionalism, lack of proper tools for assessing professionalism and the absence of the environment in institutions to foster professionalism.

Teaching of professionalism is, therefore, going to be a

challenge. Questions such as who, when, how to teach, as well as how to assess are likely to puzzle educators for a long time to come. The nature of the issue demands a multi-disciplinary approach from philosophy, history of medicine, sociology, political and economic realities in medical practice, in addition to humanities and art. Teaching must be embedded in an environment which is conducive for its growth.[7]

It is important to recognize and reward exemplary behavior, and, conversely, to discipline the unprofessional behavior in order to send the right signal to the student community, staff and the general public. It appears that both "top down" and "bottom up" approaches are necessary to build a culture of professionalism.

While a collegial process involving all members of the health care team is essential, the leadership is expected to play a crucial role to promote this movement. The rule-based approach should be replaced by narrative-based approach, which is bound to be subjective but more valid and authentic. Lastly, changes do not occur overnight, especially since the issue is one of the heart, not of the mind. We must wait and watch.

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